



Department of Health

The federal government has passed a law concerning the use of health information. This law is referred to as the Health Insurance Portability and Accountability Act (HIPAA). One major component of this law is to protect patient rights and personal health data/information.

The State of Hawaii, Department of Health (DOH), Developmental Disabilities Division (DDD), Developmental Disabilities Services Branch (DDSB), is committed to protecting the privacy of your health information.

HIPAA requires that individuals receiving services through the Department of Health (DOH) be provided with a Notice of Privacy Practices (NPP). The notice provides information on DOH's policies and practices effective April 14, 2003. It describes how your health information may be used or disclosed as well as how you may be able to access this information. It explains your rights to privacy of your health information as required by HIPAA and other applicable laws. Should there be a change in the DOH's confidentiality practices, a new notice will be mailed to you within sixty (60) days of the effective date of the change.

Please complete and sign the form at the bottom of the page to acknowledge that you have received the DOH Notice of Privacy Practices (NPP).

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Recipient of Services: _____
Print Name

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Recipient of Services

Date

Signature of Legal/Designated Representative

Date

DOH Staff: _____
Print Name

Title

Signature

Date